FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		PRGANIZA (See instruction		V							
		(See instruction	s)					Office	use only		
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exam over t	ple: If typying ne lines	g, type	12FE	4M5				
UNITE HERE	TIP Campaign Co	mmittee		111			ш	ш			لب
				111				ш			
ADDRESS (number and	street) 275 5	Seventh Ave., 10t	th Floor				ш	ш			ш
(Check if add	ress							Ш		Щ	
is changed)	New	York			Щ	NY	_	بيا	10001	-L	ш
			CITY			STATE	•		ZIP CO	ODE 📥	
COMMITTEE'S E-MA	AIL ADDRESS UNITEHERE.ORG										ĺ
	<u> </u>				ш			Ш			ш.
							Щ	Ш			
COMMITTEE'S WEE	PAGE ADDRESS (U	RL)									
							ш	ш		ш	
				111							
COMMITTEE'S FAX 212-765-3298	NUMBER										
2. DATE M 0 9	M / D D / Y	2007									
3. FEC IDENTIFIC	ATION NUMBER	C	C000	04861							
4. IS THIS STATE	MENT NEV	V (N) OR	X	AMEND	PED (A)						
I certify that I have exam	nined this Statement and	I to the best of my know	vledge and	belief it is tru	e, correct ar	nd comple	te				
Type or Print Name of	Treasurer	Γhomas Snyder									
Signature of Treasure	r Electronically File	d by Thomas Sr	nyder			Date	^M 9	/ /	D D /	Y Y Z	2007
NOTE: Submission of fa	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS										
Office Use Only				For further in Federal Electi Foll Free 800	on Commis -424-9530				EC FC		1

	FECForm 1 (Revised 02/2003)	Page 2					
5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the complete the committee information below.)	candidate					
	Name of Candidate						
	Candidate Party Affiliation Office Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	(d) This committee is a (or subordinate) committee of the	emocratic, epublican,etc.) Party.					
	(e) X This committee is a separate segregated fund						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	und or party					
6.	Name of Any Connected Organization or Affiliated Committee						
l							
	Mailing Address 275 Seventh Avenue, 10th Floor						
	, , , New York , , , , , , , NY , , 10	0001 _					
	CITY▲ STATE ▲	ZIP CODE A					
		ZIP CODE A					
	Relationship Connected						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock X Labor Organizat	ion					
	Membership Organization Trade Association Cooperative						

	FEC Form 1	(Revised 02/2003)				Pa	ige 3
٧	Vrite or Type Commit	tee Name					
	UNITE HERE T	IP Campaign Comr	nittee				
7.		ords: Identify by na ommittee books and	me, address, (phone nun records.	nber optional), and p	osition of th	e person in	
	Full Name	Zaina Tannu-Kha	n 			1	
	Mailing Address		275 Seventh Ave., 10	th Floor			
			New York		NY_	10001 _	
	Title or Position ♥		CITY A	ST	ATE A	ZIP COI	DE A
	A	sst. Treasurer		Telephone number	212	265 	7000
	Full Name of Treasurer Mailing Address	Thomas Snyder	275 Seventh Ave				
			New York		NY_	10001 _	
	Title or Position ♥		CITY A	S1	ATE	ZIP COI	DE 🛦
	т	reasurer		Telephone number	212		7000
	Full Name of Designated Agent	Anthony Cole					
	Mailing Address		7467 Highway 14, PC	Box 368			
			Eden		NC	27288 _	
	Title or Position ♥		CITY A	ST	ATE A	ZIP COD	DE A
	A	sst. Treasurer		Telephone number	336	623	8454

	FEC Form 1 (Revised 02	2/2003)	Page 4
9.	Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc.	ns funds.	s, rents
		amated Bank	
	Mailing Address	275 Seventh Ave.	
		New York NY 1000	<u> </u>
		CITY △ STATE △ ZIP	CODE A

safety deposit boxes	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.																			
	Vanguard Bk Inv Group						 ı			I	I		L			L		L		
Mailing Address	PO Box 13750								L								⊥			
			LL						L										Ш	
	Philadelphia									PΑ				191	01		- L			
		CITY 2	2					;	ST	ATE	<i>_</i>			ZI	РC	OD:	E	Δ		

Name of Any Connected Org	[ADDITIONAL]					
Amalgamated Bank PAC						
Mailing Address	275 Seventh Ave.					
	14th Floor					
	New York	NY				
	CITY	STATE ▲ ZIP CODE ▲				
Relationship Affiliate	d					
Type of Connected Organizatio	n:					
X Corporation	Corporation w/o Capital Stock	Labor Organization				
Membership Organiza	tion Trade Association	Cooperative				

Designated Agent		[ADDITIONAL]
Full Name		
Mailing Address		
Title or Position ♥	CITY A	STATE A ZIP CODE A
		elephone number

Membership Organization

FEC Form 1 (Revised 1	/2001)		Page 7 / 11
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.	•	ccounts, rents
Mailing Address	CITY A	STATE △	ZIP CODE 🛆
	ganization or Affiliated Committee		DDITIONAL]
Mailing Address	750 East Ave	NY	14607 _
	CITY	STATE A	ZIP CODE A
Relationship Type of Connected Organizat Corporation		X Labor Organ	ization

Trade Association

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ♥	CITY A	STATE	ZIP CODE A
	т	elephone number	

Membership Organization

FEC Form 1 (Revised 1/	2001)		Page 9 / 11
Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc.	ns funds.		ccounts, rents
Mailing Address	CITY 🛆	STATE △	ZIP CODE A
Name of Any Connected Org	ganization or Affiliated Committee		ADDITIONAL]
Philadelphia Joint Board	UNITE HERE TIPS		
Mailing Address	22 South 22nd Street Philadelphia	PA	19103
	CITY▲	STATE A	ZIP CODE
Relationship Type of Connected Organization Corporation		X Labor Organ	ization

Trade Association

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ▼	CITY &	STATE▲ Telephone number	ZIP CODE A

Image# 27990586452

IIIage# 21990500	1432	
Form/Schedule: F1A Transaction ID:	This amendment is filed to change the treasurer.	Please update your records accordingly.
*******	**************************************	***************************************